



SUP # 2018.00027

Administrative Special Use Permit Application

PROPERTY LOCATION: 205 S Whiting St #200 Alexandria VA 22304

ZONE: _____

TAX MAP REFERENCE: _____

APPLICANT'S INFORMATION:

Applicant: Arian Horton

Business/Trade Name: Natural Healing Massage Services

Address: 200 Stevenson Sq Alex VA 22304

Phone: 240-644-7047

Email: JOHN.DOE@THEREALDOE.COM

hortona@hotmail.com

PROPOSED USE:

| |
|--------------------------|
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |

Day Care Center
Light Auto Repair
Overnight Pet Boarding
Outdoor Garden Center
Catering Business
Valet Parking

| |
|-------------------------------------|
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input checked="" type="checkbox"/> |

Restaurant
Outdoor Dining (exclude King Street Retail
Live Theater
Outdoor Food and Crafts Market Center
Outdoor Display
Massage Establishment

Please read and sign after the statement:

I have read and understand the general standards and the requirements for the use for which I am applying and have attached the Worksheet for the use.

Signature: Arian Horton

Please submit the following with this application form:

Site Plan - At a minimum, show and label the subject property, surrounding buildings, and streets. Show, label and give dimensions for all parking spaces, entrances and exits, and trees and shrubbery.

Floor Plan - At a minimum, show and label all interior features inside and outside seats, tables, counters, equipment, etc. as appropriate to the use. Show, label and give dimensions for all entrance and exit doors and windows, rooms/areas, staircases, elevators and bathrooms.

Worksheet for specific use from Checklist and Worksheet package.

SUP #

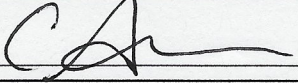
PROPERTY OWNER'S AUTHORIZATION

As the property owner, I hereby grant the applicant use of 205 S Whiting Street #200, Alex. VA 22304
(property address), for the purposes of operating a Massage Business (use)
business as described in this application.

I also grant permission to the City of Alexandria to visit, inspect, photograph and post placard notice on my property.

Name: Cecilia Gondor, Managing Member, L&M Management Phone: (703) 751-5100

Address: 101 S Whiting Street, #113, Alex. VA 22304 Email: cgondor@rentatlandmark.com

Signature:  Date: 3/14/2018

1. The applicant is the (check one):

- ☐ Owner
☐ Contract Purchaser
☒ Lessee or
☐ Other: _____

of the subject property.

State the name, address and percent of ownership of any person or entity owning an interest in the applicant or owner, unless the entity is a corporation or partnership, in which case identify each owner and the percent of ownership.

If property owner or applicant is being represented by an authorized agent such as an attorney, realtor, or other person for which there is some form of compensation, does this agent or the business in which the agent is employed have a business license to operate in the City of Alexandria, Virginia?

☐ Yes. Provide proof of current City business license

☐ No. The agent shall obtain a business license prior to filing application, if required by the City Code.

USE CHARACTERISTICS

2. Please give a brief statement describing the use:

The space will be used for massage therapy

3. Please describe the proposed hours of operation:

| Days | Hours |
|-------|-------|
| Daily | |

Or give hours for each day of the week

| | |
|-----------|--------|
| Monday | 10 - 8 |
| Tuesday | 10 - 8 |
| Wednesday | 10 - 8 |
| Thursday | 10 - 8 |
| Friday | 10 - 8 |
| Saturday | 10 - 5 |
| Sunday | Closed |

4. Please describe the capacity of the proposed use:

A. How many patrons, clients, pupils and other such users do you expect? Specify time period (i.e., day, hour, or shift) (1) front desk emp (3) massage contractors (3) patrons, 10 - 8 daily

B. How many employees, staff and other personnel do you expect? Specify time period (i.e., day, hour, or shift). Ranges from 3 - 8 persons
1 - front desk 3 - 4 clients
3 - Therapist

5. A. How many parking spaces of each type are provided for the proposed use:

50+ Standard and compact spaces
8-10 Handicapped accessible spaces
Other

B. Please give the number of:

Parking spaces on-site 50+

Parking spaces off-site 50+

If the required parking will be located off-site, where will it be located?

6. Please provide information regarding loading and unloading for the use:

A. How many loading spaces are available for the use?

5+

B. Where are off-street loading spaces located?

on street

C. During what hours of the day do you expect loading/unloading operations to occur?

Never

D. How frequently are loading/unloading operations expected to occur per day or per week?

0

7. If any hazardous materials or organic compounds (for example paint, ink, lacquer thinner, or cleaning or degreasing solvent), as defined by the state or federal government, will be handled, stored, or generated on the property, provide the name, monthly quantity, and specific disposal method below:

0

APPLICANT'S SIGNATURE

Please read and initial each statement:

Initial: AH THE UNDERSIGNED, hereby applies for a Special Use Permit in accordance with the provisions of Article XI, Section 11-500 of the 1992 Zoning Ordinance of the City of Alexandria, Virginia.

Initial: AH THE UNDERSIGNED, hereby attests that all of the information herein provided and specifically including all surveys, drawings, etc., required to be furnished by the applicant are true, correct and accurate to the best of their knowledge and belief. The applicant is hereby notified that any written materials, drawings or illustrations submitted in support of this application and any specific oral representations made to the Director of Planning and Zoning on this application will be binding on the applicant unless those materials or representations are clearly stated to be non-binding or illustrative of general plans and intentions, subject to substantial revision, pursuant to Article XI, Section 11-207(A)(10), of the 1992 Zoning Ordinance of the City of Alexandria, Virginia.

Arian Horton
Print Name of Applicant or Representative

[Signature]
Signature

3/12/18
Date

If this application is being filed by someone other than the business owner (such as an agent or attorney), please provide the information below:

Representative's Address:

Phone: _____

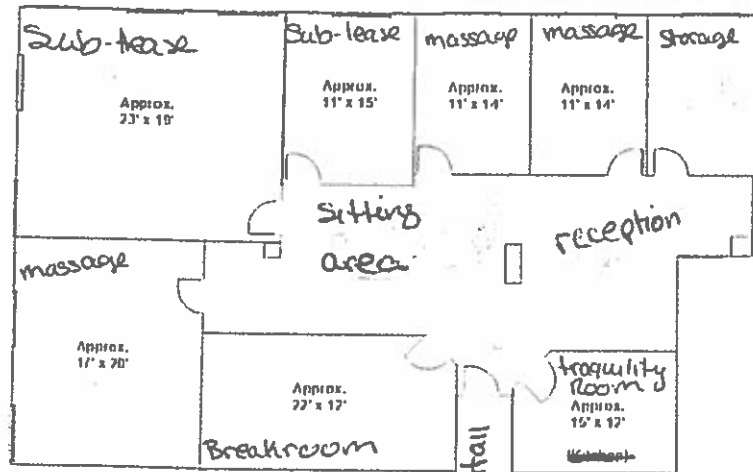
Email: _____

Fax: _____

Download Print

Properties

Name: Suite 200.jpg
Type: Image/jpeg
Size: ~51 KB



rentable square feet include a core factor of 5%

LANDMARK OFFICE BUILDING
Suite 200
2,520 Square Feet
205 S. Whiting St.
Alexandria, VA 22304